

State of New Hampshire 2011 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/12/2011

Business ID: 618519

William M. Gardner

Secretary of State

NEO-PRISM INC.

87 ABIGALE LANE

NEW CASTLE, NH 03854

ADDRESS OF PRINCIPAL OFFICE:

87 ABIGALE LANE

NEW CASTLE, NH 03854

REGISTERED AGENT AND OFFICE:

NATIONAL REGISTERED AGENTS, INC.

63 PLEASANT STREET

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 618519

STATE OF DOMICILE: NEW HAMPSHIRE

BUSINESS PRACTICES, INFORMATION TECHNOLOGY

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address P.O. Box 365, 87 Abigale Lane, New Castle, NH 03854

☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

V-PRES. Cynthia S Burns
STREET 87 Abigale Lane - Box 365

CITY/STATE/ZIP New Castle Nh 03854

TREAS. Cynthia S Burns
STREET 87 Abigale Lane - Box 365

CITY/STATE/ZIP New Castle Nh 03854

SEC'Y. Cynthia S Burns
STREET 87 Abigale Lane - Box 365

CITY/STATE/ZIP New Castle Nh 03854

PRES. James K Burns
STREET 87 Abigale Lane - Box 365

CITY/STATE/ZIP New Castle Nh 03854

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Cynthia S Burns
STREET 87 Abigale Lane - Box 365

CITY/STATE/ZIP New Castle Nh 03854

DIR. James K Burns
STREET 87 Abigale Lane - Box 365

CITY/STATE/ZIP New Castle Nh 03854

NAME
STREET

CITY/STATE/ZIP

NAME
STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Cynthia S Burns

Please print name and title of signer: Cynthia S Burns

NAME

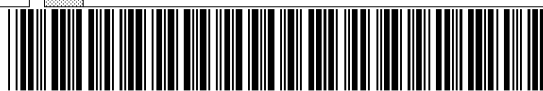
/

SECRETARY

TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL): _____



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529